

Section 1: Cover Sheet

Office Use Only

#### Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title First Name*  Nikelle  Last Name*  Meade  My employer is a 501c(3) non-profit organizatio	Middle  S.  Suffix
EMPLOYING ENTITY	My employer is registered as a business entity, p behalf	pays an entity registration fee, and is reporting on my
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address*  111 Congress Avenue  City*  Austin	Apartment or Suite Number  Suite 1400  State* Zip Code*  TX 78701
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address*  111 Congress Avenue  City*  Austin	Apartment or Suite Number  Suite 1400  State* Zip Code*  TX 78701

	☐ I am registering as a new lobbyist				
	☐ I am renewing my annual lobbyist registration				
	☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period				
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:				
Check all that apply	⊠ January				
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one munici	pai Question, click	the Add Additional Municipal	Question button belov	vv.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Argyle Residential, LLC regarding rezoning of three parcels of land.						
DDODEDTV ADDDESS	i— ·	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.					
PROPERTY ADDRESS	Address		Suite or Apa	Suite or Apartment Number			
OR LEGAL DESCRIPTION	3212 E. Cesar Chav	vez Street					
ELONE BESSION FISH	City		State	Zip Code			
	Austin		TX	78702			
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question	above				
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Quality, or Watershed Protect		mits (Building, Site Plans)			
Affordability		Finance, Budget, or Investmen	nts Per	mits (Other)			
Animals		Health, Healthcare, Mental Healthcare Human Services		olic Safety, Policy, Fire, EMS, or ergency Planning and Response			
Annexation		Historic Preservation		olic Utilities, Energy, Water, Solid Waste Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, of Center	or Convention Qua	ality of Life Affairs			
Aviation		Human Rights or Immigration	☐ Rea	al Estate			
City Infrastructure or Public V	Vorks	Labor or Workforce	☐ Rule	es, Proposed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or		se 🔲 Tax	ration or Fees			
Code Compliance		Municipal Court	Tec	chnology or Communications			
Construction		Municipal Legislation	Trai	nsportation or Mobility			
Contracts or Procurement		Neighborhoods	Zon	ning or Platting			
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, o	r Museums				
Economic Development		Other:					



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

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PROPERTY ADDRESS
OR
LEGAL DESCRIPTION

City

City

Austin

This municipal question pertains to real property. \*If checked, either a property address or legal description is required.

Suite or Apartment Number

Zip Code

TX

T8701

**Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or □ Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums **Economic Development** Other:

Add Additional Municipal Question

Delete this page

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### Section 2: **Municipal Question**

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*		Lobbying on behalf of Austin Convention Enterprises, Inc. regarding encroachment agreement for an encroachment over city right-of-way.					
PROPERTY ADDRESS	<ul> <li>☑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.</li> <li>Address</li> <li>Suite or Apartment Number</li> </ul>						
OR	500 E. 4th Street	t .					
LEGAL DESCRIPTION	City		State	Zip Code			
	Austin	-	ТХ	78701			
	Property Legal D	Description					
Subject Matter(s)*: Check all sul	bject matters that	at apply to the municipal question above					
<ul><li>Accessibility or Persons with</li></ul>	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)			
☐ Affordability		Finance, Budget, or Investments	Permits (Ot	her)			
Animals		Health, Healthcare, Mental Health, or Human Services	Public Safet Emergency	y, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste J			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs			
Aviation		Human Rights or Immigration					
City Infrastructure or Public \	Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or		Taxation or	Fees			
Code Compliance		Municipal Court	Technology	or Communications			
Construction		Municipal Legislation	☐ Transportat	ion or Mobility			
Contracts or Procurement		☐ Neighborhoods	Zoning or P	atting			
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or Museums					
Economic Development		Other:					



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To report more than one municip	bai Question, click	tile Auu Aut	intorial Municipal Question	button b	CIOW.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Wenkai Chen regarding zoning issues.					
PROPERTY ADDRESS	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.					
OR	Address			Suite or	Apartment Number	
LEGAL DESCRIPTION	1211 Cedar Avenu	e 				
	City			State	Zip Code	
	Austin			TX	78702	
	Property Legal Des	scription				
	. , ,					
0.1						
Subject Matter(s)*: Check all sub	ect matters that a	apply to the r	nunicipal question above			
Accessibility or Persons with I	Disabilities		ental Matters, Air or Water r Watershed Protection		Permits (Building, Site Plans)	
Affordability		Finance, E	Budget, or Investments		Permits (Other)	
Animals		Health, Health, Human Se	ealthcare, Mental Health, or ervices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response	
Annexation		Historic P	reservation		Public Utilities, Energy, Water, Solid Waste or Recycling	
Arts, Music, Film, Cultural or Creative Industries		Hospitalit Center	y, Tourism, Events, or Conventic	on 🗌	Quality of Life Affairs	
Aviation		Human Ri	ghts or Immigration		Real Estate	
City Infrastructure or Public V	Vorks	Labor or \	<b>Norkforce</b>		Rules, Proposed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Devenue:      ∠ Land Devenue:	elopment or Land Use		Taxation or Fees	
Code Compliance		Municipa	Court		Technology or Communications	
Construction		Municipa	Legislation		Transportation or Mobility	
Contracts or Procurement		Neighbor	hoods	$\boxtimes$	Zoning or Platting	
Diversity, Equity, or Inclusion		Parks, Red	creation, Libraries, or Museums			
Economic Development		Other:				



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Lobbying on behalf of Intergalactic Holdings, LLC regarding site permit issues. MUNICIPAL QUESTION\* This municipal question pertains to real property. \*If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR 10106 Manchaca Road LEGAL DESCRIPTION City State Zip Code Austin ΤX 78748 **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or X Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting

Parks, Recreation, Libraries, or Museums

Other:

Diversity, Equity, or Inclusion

**Economic Development** 



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Kurtz/Zirkelbach Lifetime Trusts regarding various land development/zoning issues.					
PROPERTY ADDRESS OR	This municip		checked, either a property address or legal  Suite or Apartment Number			
LEGAL DESCRIPTION	City		State Zip Code			
	Property Legal D	escription				
Subject Matter(s)*: Check all sul	ject matters tha	t apply to the municipal question above				
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)			
☐ Affordability		Finance, Budget, or Investments	Permits (Other)			
Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Annexation		Historic Preservation	Public Utilities, Energy, Water, Solid Waste or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conven Center	• •			
Aviation		☐ Human Rights or Immigration	Real Estate			
City Infrastructure or Public \	Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or		Taxation or Fees			
Code Compliance		Municipal Court	☐ Technology or Communications			
Construction		Municipal Legislation	☐ Transportation or Mobility			
Contracts or Procurement		☐ Neighborhoods				
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or Museum	ns			
Economic Development		Other:				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Lippincott Capital, Ltd. regarding site plan correction and related code compliance.					
PROPERTY ADDRESS	<ul> <li>☑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.</li> <li>Address</li> <li>Suite or Apartment Number</li> </ul>					
OR	1401 Eva Street					
LEGAL DESCRIPTION	City		Ctata	7in Codo		
	City		State TX	Zip Code		
	Austin		IA	78704		
	Property Legal Des	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above				
Accessibility or Persons with [	Disabilities	Environmental Matters, Air or Water     Quality, or Watershed Protection	Permits (B	uilding, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits (C	ther)		
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response		
Annexation		Historic Preservation	Public Util or Recyclir	ities, Energy, Water, Solid Waste, ng		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convent Center	ion   Quality of	Life Affairs		
☐ Aviation		Human Rights or Immigration	Real Estate	9		
City Infrastructure or Public W	Vorks	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or		Taxation o	r Fees		
Code Compliance		Municipal Court	Technolog	y or Communications		
		Municipal Legislation	☐ Transporta	ation or Mobility		
Contracts or Procurement		☐ Neighborhoods	Zoning or	Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums	S			
Economic Development		Other:				



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		<u> </u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Jesse Lunsford regarding site plan and change of use permit.						
PROPERTY ADDRESS	·	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.					
OR	Address		Suite or Apartment	Number			
LEGAL DESCRIPTION	3235 E Cesar Chav	ez; 1814 E MLK, Jr Blvd					
ELGAL DEGGAM HON	City		State	Zip Code			
	Austin		TX	78702			
	Property Legal De	scription					
		·					
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above					
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)			
Affordability		Finance, Budget, or Investments	Permits (0	ther)			
☐ Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response			
Annexation		Historic Preservation	Public Utili or Recyclir	ities, Energy, Water, Solid Waste, ng			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on Quality of	Life Affairs			
Aviation		Human Rights or Immigration	Real Estate	9			
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	yment, or	□ Land Development or Land Use	☐ Taxation o	r Fees			
Code Compliance		Municipal Court	Technolog	y or Communications			
Construction		Municipal Legislation	Transporta	ation or Mobility			
Contracts or Procurement		☐ Neighborhoods	Zoning or	Platting			
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums					
Economic Development		Other:					



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		<u> </u>				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of John Scott Neal regarding zoning issues.					
DDODEDTY ADDDESS	This municipal description is	al question pertains to real property. *If o required.	hecked, eithe	r a property address or lega	l	
PROPERTY ADDRESS OR	Address		Suite or Apa	rtment Number		
LEGAL DESCRIPTION	1507,1509,1511,1	601,1603 Shoal Creek Blv				
	City		State	Zip Code		
	Austin		TX	78701		
	Property Legal De	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above				
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Per	mits (Building, Site Plans)		
Affordability		Finance, Budget, or Investments	Per	mits (Other)		
Animals		Health, Healthcare, Mental Health, or Human Services		olic Safety, Policy, Fire, EMS, or ergency Planning and Response		
Annexation		Historic Preservation		olic Utilities, Energy, Water, Soli Recycling	d Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convent Center	ion 🗌 Qua	ality of Life Affairs		
☐ Aviation		Human Rights or Immigration	Rea	Il Estate		
City Infrastructure or Public V	Vorks	Labor or Workforce	Rule	es, Proposed Rules, or Rule Mal	king	
Civil Service, Municipal Emplo Retirement Systems	yment, or	□ Land Development or Land Use	☐ Tax	ation or Fees		
Code Compliance		Municipal Court	Tec	hnology or Communications		
Construction		Municipal Legislation	☐ Tra	nsportation or Mobility		
Contracts or Procurement		☐ Neighborhoods	⊠ Zon	ing or Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums	5			
Economic Development		Other:				



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	·		<u> </u>			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf	of Powell-Co	rbett, LLC regarding various land	d developm	nent/zoning is	sues.
PROPERTY ADDRESS	☐ This municipa description is		ertains to real property. *If o			
OR	Address				Apartment N	lumber
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal Des	scription				
	1 7 3	•				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	-	Environi	mental Matters, Air or Water or Watershed Protection		Permits (Bui	lding, Site Plans)
Affordability		Finance,	Budget, or Investments		Permits (Oth	ner)
Animals		Health, I	Healthcare, Mental Health, or Services			, Policy, Fire, EMS, or Planning and Response
Annexation		Historic	Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Convent	ion 🔲	Quality of Li	fe Affairs
Aviation		Human	Rights or Immigration		Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce		Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land De	velopment or Land Use		Taxation or I	ees
Code Compliance		Municip	al Court		Technology	or Communications
Construction		Municip	al Legislation		Transportati	on or Mobility
Contracts or Procurement		☐ Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museum	S		
Economic Development		Other:				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Pressler RRI, LP regarding site plan and zoning issues.					
PROPERTY ADDRESS	<ul> <li>☑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.</li> <li>Address</li> <li>Suite or Apartment Number</li> </ul>					
OR	300 & 315 Pressler					
LEGAL DESCRIPTION	City		State	Zip Code		
	Austin		TX	78703		
	Property Legal Des	crintion				
	Troperty Legar Bes	onpuon				
Subject Matter(s)*: Check all sub	ject matters that a	apply to the municipal question	above			
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Quality, or Watershed Protecti	Water Non Permits (	Building, Site Plans)		
Affordability		Finance, Budget, or Investmen	ts Permits (	Other)		
Animals		Health, Healthcare, Mental Healthcare Human Services		fety, Policy, Fire, EMS, or cy Planning and Response		
Annexation		Historic Preservation	Public Ut or Recycl	ilities, Energy, Water, Solid Waste, ing		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Center	Convention Quality o	f Life Affairs		
Aviation		Human Rights or Immigration	Real Esta	te		
City Infrastructure or Public W	Vorks	Labor or Workforce	Rules, Pro	oposed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	∠ Land Development or Land Use	e Taxation	or Fees		
Code Compliance		Municipal Court	Technolo	gy or Communications		
Construction		Municipal Legislation	☐ Transpor	tation or Mobility		
Contracts or Procurement		☐ Neighborhoods		Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or	Museums			
Economic Development		Other:				



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To Toport Illoro tilali olio ivialiloi	our Eucotion, onoit	1110 710071	aarrionar mariiolpar Quostion k	Jutton	7010111
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf	of Reagan N	ational Advertising, Inc. regarding	various z	coning and ordinance issues.
PROPERTY ADDRESS	☐ This municipa description is		pertains to real property. *If ch		either a property address or legal  Apartment Number
OR					Tipul tillolit (tullibo)
LEGAL DESCRIPTION					
	City			State	Zip Code
	Property Legal Des	scription			
		•			
Culpia at Mattagray A Charles all sub					
Subject Matter(s)*: Check all sub	ect matters that				
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)
Affordability		Finance	, Budget, or Investments		Permits (Other)
Animals			Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convention	n 🗌	Quality of Life Affairs
Aviation		☐ Human	Rights or Immigration		Real Estate
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Emplo	oyment, or	∠ Land Decomposition	evelopment or Land Use		Taxation or Fees
Code Compliance		Municip	oal Court		Technology or Communications
Construction		Municip	oal Legislation		Transportation or Mobility
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Platting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums		
Economic Development		Other:			



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To Toport Illoro tilali olio ivialiloi	our Eucotion, onoit	1110 710071	aarrioriai iviariioipai Quostioii k	Jutton	7010111	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Roberts Resorts regarding various land development issues.					
PROPERTY ADDRESS	This municipa description is Address		pertains to real property. *If ch		either a property address or legal  Apartment Number	
OR					•	
LEGAL DESCRIPTION						
	City			State	Zip Code	
	Property Legal Des	scription				
0.1						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above			
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)	
Affordability		Finance	, Budget, or Investments		Permits (Other)	
☐ Animals			Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response	
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convention	n 🗌	Quality of Life Affairs	
☐ Aviation		☐ Human	Rights or Immigration		Real Estate	
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Proposed Rules, or Rule Making	
Civil Service, Municipal Emplo	oyment, or	∠ Land Def	evelopment or Land Use		Taxation or Fees	
Code Compliance		Municip	oal Court		Technology or Communications	
Construction		Municip	oal Legislation		Transportation or Mobility	
Contracts or Procurement		☐ Neighbo	orhoods		Zoning or Platting	
Diversity, Equity, or Inclusion		Parks, R	decreation, Libraries, or Museums			
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To Toport Inoro triari ono marion	our Eucotion, once	1110 710071	aditional maniopal edestion		70.01.1	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Synagro-WWT, Inc. regarding various contract management issues.					
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If o		either a property address or legal  Apartment Number	
OR				7		
LEGAL DESCRIPTION						
	City			State	Zip Code	
	Property Legal De	scription				
Code! at Mark or ( ) * Ob a death all and						
Subject Matter(s)*: Check all sub	ject matters that					
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water , or Watershed Protection		Permits (Building, Site Plans)	
Affordability		Finance	e, Budget, or Investments		Permits (Other)	
Animals			Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response	
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	llity, Tourism, Events, or Convent	ion 🔲	Quality of Life Affairs	
☐ Aviation		Human	Rights or Immigration		Real Estate	
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Proposed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land De	evelopment or Land Use		Taxation or Fees	
Code Compliance		Municip	oal Court		Technology or Communications	
Construction		Municip	oal Legislation		Transportation or Mobility	
		☐ Neighbo	orhoods		Zoning or Platting	
Diversity, Equity, or Inclusion		Parks, R	Recreation, Libraries, or Museum	S		
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To Toport Moro than one Manier	our Eucotion, once	710071	aartional mariiolpai Quostion		70.0111		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Travis County Healthcare District a/k/a Central Health regarding zoning site development.						
PROPERTY ADDRESS	description is		pertains to real property. *If ch	If checked, either a property address or legal			
OR	Address			Suite or	Apartment Number		
LEGAL DESCRIPTION	601 E. 15th Street						
	City			State	Zip Code		
	Austin			TX	78701		
	Property Legal De	scription					
		<u> </u>					
0 11 14 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above				
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)		
Affordability		Finance	, Budget, or Investments		Permits (Other)		
Animals			Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response		
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling		
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convention	on 🗌	Quality of Life Affairs		
Aviation		☐ Human	Rights or Immigration		Real Estate		
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Proposed Rules, or Rule Making		
Civil Service, Municipal Emplo	oyment, or	∑ Land De	evelopment or Land Use		Taxation or Fees		
Code Compliance		Municip	oal Court		Technology or Communications		
Construction		Municip	oal Legislation		Transportation or Mobility		
Contracts or Procurement		☐ Neighbo	orhoods	$\boxtimes$	Zoning or Platting		
Diversity, Equity, or Inclusion		Parks, R	decreation, Libraries, or Museums				
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE Lobbying on behalf of TWC-1626, LLC regarding various zoning issues.

MUNICIPAL QUESTION				
	This municipus	pal question pertains to real property. *If of is required.	checked, either a pro	operty address or legal
PROPERTY ADDRESS	Address		Suite or Apartmen	t Number
OR				
LEGAL DESCRIPTION	City		State	Zip Code
	Property Legal D	Description		
Subject Matter(s)*: Check all su	bject matters tha	at apply to the municipal question above		
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (E	Building, Site Plans)
☐ Affordability		Finance, Budget, or Investments	Permits (C	Other)
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response
Annexation		Historic Preservation	Public Util or Recycli	lities, Energy, Water, Solid Waste ng
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convent Center	tion   Quality of	Life Affairs
Aviation		☐ Human Rights or Immigration	Real Estat	e
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or		☐ Taxation o	or Fees
Code Compliance		Municipal Court	Technolog	y or Communications
Construction			☐ Transport	ation or Mobility
Contracts or Procurement		□ Neighborhoods		Platting
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or Museum	ns	
Economic Development		Other:		



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

		<u>'</u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of V&S Enterprises regarding zoning and CodeNEXT.						
PROPERTY ADDRESS	This municipal question pertains to real property. *If checked, either a property address of description is required.						
OR	Address	S	Suite or Apartment	Number			
LEGAL DESCRIPTION	1425 E. 12th Stree	et					
	City	<u>s</u>	State	Zip Code			
	Austin	Т	ГХ	78702			
	Property Legal De	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above					
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)			
Affordability		Finance, Budget, or Investments	Permits (Ot	her)			
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste, g			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs			
Aviation		Human Rights or Immigration	Real Estate				
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	yment, or		☐ Taxation or	Fees			
Code Compliance		Municipal Court	Technology	or Communications			
Construction		Municipal Legislation	☐ Transporta	tion or Mobility			
Contracts or Procurement		Neighborhoods	Zoning or P	latting			
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums					
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

### Section 2: **Municipal Question**

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Lobbying on behalf of Jim Whorton regarding zoning issues. MUNICIPAL QUESTION\* This municipal question pertains to real property. \*If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR 2800 Barton Creek Blvd. LEGAL DESCRIPTION City State Zip Code Austin ΤX 78746 **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Emergency Planning and Response Human Services** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or X Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums **Economic Development** Other:

9/25/2017



Add Additional Municipal Question

### **Lobbyist Reporting Form**

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To Toport Illoro tilali olio ivialiloi	our Eucotion, once	1110 714471	aditional Maniolpal Edostion	Datton &	70.011.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of F. Scott Holdings, LLC regarding zoning issues.					
PROPERTY ADDRESS	☐ This municipa description is		pertains to real property. *If ch			
OR	1507,1509,1511,1	401 1402 Sha	and Crook Phy	Suite of	Apartment N	umbei
LEGAL DESCRIPTION	1507,1509,1511,1	001,1003 3110	odi Creek div			
	City			State		Zip Code
	Austin			TX		78701
	Property Legal De	scription				
	iect matters that	annly to the	municinal question above			
oubject Matter (5) . Officer all sub	geet matters that	,				
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection		Permits (Build	ding, Site Plans)
Affordability		Finance	, Budget, or Investments		Permits (Oth	er)
Animals			Healthcare, Mental Health, or Services			, Policy, Fire, EMS, or lanning and Response
Annexation		Historic	Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Wast
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventic	on 🗌	Quality of Life	e Affairs
Aviation		Human	Rights or Immigration		Real Estate	
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Propos	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Decomposition	evelopment or Land Use		Taxation or F	ees
Code Compliance		Municip	oal Court		Technology o	or Communications
Construction		Municip	oal Legislation		Transportation	on or Mobility
Contracts or Procurement		☐ Neighbo	orhoods	$\boxtimes$	Zoning or Pla	itting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums			
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

		· · · · · · · · · · · · · · · · · · ·						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Carolyn Elizabeth Neal regarding zoning issues.							
DDODEDTY ADDDESS	This municipal question pertains to real property. *If checked, either a property address or description is required.							
PROPERTY ADDRESS OR	Address		Suite or Apartme	nt Number				
LEGAL DESCRIPTION	1507,1509,1511,1	601,1603 Shoal Creek Blv						
ELGAL DEGGAM FIGH	City		State	Zip Code				
	Austin		TX	78701				
	Property Legal De	escription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above						
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (	Building, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (	Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		fety, Policy, Fire, EMS, or cy Planning and Response				
Annexation		Historic Preservation	Public Ut or Recyc	ilities, Energy, Water, Solid Waste, ing				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on Quality o	f Life Affairs				
Aviation		Human Rights or Immigration	Real Esta	te				
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Pr	oposed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	yment, or		☐ Taxation	or Fees				
Code Compliance		Municipal Court	Technolo	gy or Communications				
Construction		Municipal Legislation	☐ Transpor	tation or Mobility				
Contracts or Procurement		☐ Neighborhoods		r Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums	5					
Economic Development		Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

		<u>'</u>						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Frances Scott Neal regarding zoning issues.							
DDODEDTY ADDDESS	This municipal question pertains to real property. *If checked, either a property address o description is required.							
PROPERTY ADDRESS OR	Address		Suite or Apartmer	nt Number				
LEGAL DESCRIPTION	1507,1509,1511,1	601,1603 Shoal Creek Blv						
220.12 2200.111 110.12	City		State	Zip Code				
	Austin	•	TX	78701				
	Property Legal De	scription						
		·						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above						
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (	Building, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (	Other)				
☐ Animals		Health, Healthcare, Mental Health, or Human Services		fety, Policy, Fire, EMS, or cy Planning and Response				
Annexation		Historic Preservation	Public Uti or Recycl	ilities, Energy, Water, Solid Waste, ing				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	Quality o	f Life Affairs				
Aviation		Human Rights or Immigration	Real Esta	te				
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Pro	pposed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	yment, or		Taxation	or Fees				
Code Compliance		Municipal Court	Technolo	gy or Communications				
Construction		Municipal Legislation	Transpor	tation or Mobility				
Contracts or Procurement		☐ Neighborhoods		Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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# Section 2: Municipal Question

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To roport more than one manier	our Eurostron, onon	710071	aartional mainolpai Zacotion	Dutton k	70.011.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Neal (Shoal Creek Property) Family Limited Partnership regarding zoning issues.					
PROPERTY ADDRESS	description is		pertains to real property. *If cl		either a property address or legal	
OR	Address			Suite or	Apartment Number	
LEGAL DESCRIPTION	1507,1509,1511,1	601,1603 Sho	oal Creek Blv			
	City			State	Zip Code	
	Austin			TX	78701	
	Property Legal De:	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above			
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)	
Affordability		Finance	, Budget, or Investments		Permits (Other)	
Animals			Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response	
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste or Recycling	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convention	on 🗌	Quality of Life Affairs	
Aviation		Human	Rights or Immigration		Real Estate	
City Infrastructure or Public W	Vorks	Labor o	r Workforce		Rules, Proposed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	∠ Land Decomposition     ∠ Land Decom	evelopment or Land Use		Taxation or Fees	
Code Compliance		Municip	oal Court		Technology or Communications	
Construction		Municip	oal Legislation		Transportation or Mobility	
Contracts or Procurement		☐ Neighbo	orhoods	$\boxtimes$	Zoning or Platting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums			
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one municip	bai Question, click	tile Auu Au	iditional ividilicipal Question	button	JEIOW.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Lobbying on behalf of Painter Enterprises, Inc. regarding rezoning of three parcels of land.							
PROPERTY ADDRESS	description is	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.						
OR	Address	<u> </u>		Suite or	Apartment Number			
LEGAL DESCRIPTION	3212 E. Cesar Chav	ez Street						
	City			State	Zip Code			
	Austin			TX	78702			
	Property Legal Des	scription						
Subject Matter(s)*: Check all sub	piect matters that	annly to the	municinal question above					
Subject Matter(s) . Check all sub	geot matters that		• •					
Accessibility or Persons with I	Disabilities		nental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)			
☐ Affordability		Finance,	Budget, or Investments		Permits (Other)			
Animals		Health, Human S	Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs			
Aviation		Human I	Rights or Immigration		Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce		Rules, Proposed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Der	velopment or Land Use		Taxation or Fees			
Code Compliance		Municip	al Court		Technology or Communications			
Construction		Municip	al Legislation		Transportation or Mobility			
Contracts or Procurement		☐ Neighbo	rhoods		Zoning or Platting			
Diversity, Equity, or Inclusion		Parks, Re	ecreation, Libraries, or Museums					
Economic Development		Other:						



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Argyle Residential, LLC		
CLIENT	Client Business Address*  1601 S. MoPac Expressway	Client Apartment of Suite 160	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
ADDRESS	Austin	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Developer		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount			
CLIENT	less than \$10,000	OR				
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):					
* In discase a supervisor of Godel						

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable *		
Oliche is air maividaar	Organization Marie of Cheff Last Marie, as applicable	1	
	Asana Partners, LP		
	Client Business Address*	Client Apartment o	r Suite Number
	802 Gervais Street	Suite 200	
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Columbia	SC	29201
NATURE OF	Nature of Client's Business*		
BUSINESS	Asset Management		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is air individual			
	Austin Convention Enterprises, Inc.		
		<u> </u>	
	Client Business Address*	Client Apartment o	r Suite Number
	700 Lavaca Street	Suite 940	
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78701
			'
NATURE OF	Nature of Client's Business*		
BUSINESS	Convention and Hospitality Management		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicates a required field				

Indicates a required field

Add Another Client Page



### Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client reporting period	t compensation during the applicable
CLIENT  NAME	Client Title Client First Name*  Wenkai  Organization Name or Client Last Name, as applicable*	Middle  Client Suffix
	Chen	
0.1517	Client Business Address*  8407 Cambria Drive	Client Apartment or Suite Number
CLIENT ADDRESS	Client City*	Client State* Client Zip Code*
AND	Austin	TX 78717
NATURE OF	Nature of Client's Business*	
BUSINESS	Property Owner	

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
Cilent is an individual	Intergalactic Holdings, LLC		
	Client Business Address* P.O. Box 50594	Client Apartment of	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	тх	78763
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicates a required field				

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\square$ I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
_ short to an internation			
	Kurtz/Zirkelbach Lifetime Trusts		
CLIENT ADDRESS AND NATURE OF	Client Business Address*  2426 Loxford Lane  Client City*  Alpharetta	Client Apartment or  Client State*	Client Zip Code*
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicates a required field				

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Lippincott Capital, Ltd.		
CLIENT	Client Business Address* 2322 Townes Lane	Client Apartment or	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78703
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client reporting period	compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*  Jesse	N L	Лiddle 
Client is an individual	Organization Name or Client Last Name, as applicable*	Client Suffix	
	Lunstord		
	Client Business Address*	Client Apartment	or Suite Number
a	3235 E. Cesar Chavez Street		
CLIENT ADDRESS AND NATURE OF	Client City*	Client State*	Client Zip Code*
	Austin	ТХ	78702
	Nature of Client's Business*		
BUSINESS	Property Owner		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation (	during the applicable
CLIENT NAME	Client Title Client First Name*  John		Middle Scott
	Organization Name or Client Last Name, as applicable*  Neal	Client Suffix	
0.151.7	Client Business Address* 4501 Ridge Oak Drive	Client Apartmer	nt or Suite Number
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner	J L	
	Troporty Switch		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		·

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	organization Nume of official East Nume, as applicable		
	Powell-Corbett, LLC		
	Client Business Address*	Client Apartment or	Suite Number
	P.O. Box 92977		
CLIENT	Client City*	Client State*	Client Zip Code*
ADDRESS		TV	
AND	Austin	TX	78709
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	Pressler RRI, LP  Client Business Address*	Client Apartment or	Suite Number
CLIENT	100 Congress Avenue	Suite 1450	
ADDRESS	Client City*	Client State*	Client Zip Code*
AND NATURE OF	Austin  Nature of Client's Business*	TX	78701
BUSINESS	Developer		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		
* Indicator a varying d field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Reagan National Advertising, Inc.			
CLIENT ADDRESS	Client Business Address*  7301 Burleson Road  Client City*	Client Apartment or  Client State*	Suite Number  Client Zip Code*	
AND	Austin	TX	78744	
NATURE OF BUSINESS	Nature of Client's Business*  Outdoor Advertising			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicatoo a naminad field				

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Roberts Resorts			
	Client Business Address*	Client Apartment o	r Suite Number	
OUENT	8350 E. Raintree	Suite 220		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Scottsdale	AZ	85260	
NATURE OF	Nature of Client's Business*			
BUSINESS	Manufactured Home Community Builder			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a required field			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
onent is an individual	Synagro-WWT, Inc.			
	Client Business Address* 435 Williams Court	Client Apartment or Suite 100	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*		21220	
BUSINESS	Recycling Company			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* 1			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
	<u> </u>			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
oliciti is all'illatitadal	organization Name of Gliefit East Name, as applicable			
	Travis County Healthcare District a/k/a Central Health			
	Client Business Address*	Client Apartment of	r Suite Number	
	1111 E. Cesar Chavez Street			
CLIENT	Oliver Oreix	*	011 171 0 1 *	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78702	
AND				
NATURE OF	Nature of Client's Business*			
BUSINESS	Public District - Health Care			

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a required field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
	TWC-1626, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
CLIENT	1101 S. Capital of Texas Hwy.	Suite A-101		
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	Developer			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000.  If you fail to provide the above Client Compensation to the above Client Compensation to the above Client Compensation to the above Client Comp	O or more.	amount is <mark>required</mark> , provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  V&S Enterprises			
0.151.5	Client Business Address* P.O. Box 6110	Client Apartment of	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78761	
NATURE OF Nature of Client's Business*				
BUSINESS	Commercial Real Property Management			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation du	iring the applicable
CLIENT NAME	Client Title Client First Name*  Jim	[C	Middle
	Organization Name or Client Last Name, as applicable*  Whorton	Client Suffix	
	Client Business Address* 1200 Barton Creek Blvd.	Client Apartment	or Suite Number
CLIENT ADDRESS	Client City* Austin	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*	] ['^	[70740
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount		
CLIENT	less than \$10,000	OR			
COMPENSATION					
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char.				
*					

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	T			
CLIENT				
NAME				
10.000				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	F. Scott Holdings, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	4501 Ridge Oak Drive			
CLIENT	<u> </u>		+	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78731	
NATURE OF	Nature of Client's Business*			
	Nature of Client 5 business			
BUSINESS	Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount		
CLIENT	less than \$10,000	OR			
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. m				
* Indicatoo a naminad field					

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client or reporting period	compensation c	during the applicable
CLIENT NAME	Client Title Client First Name*  Carolyn		Middle Elizabeth
	Organization Name or Client Last Name, as applicable*  Neal	Client Suffix	
01/51/5	Client Business Address* 4501 Ridge Oak Drive	Client Apartmen	t or Suite Number
CLIENT ADDRESS AND	Client City*  Austin	Client State*	Client Zip Code*
NATURE OF	NATURE OF Nature of Client's Business*		
DO3II/IE32	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation (	during the applicable
CLIENT NAME	Client Title Client First Name*  Frances		Middle Scott
⊠ Client is an individual	Organization Name or Client Last Name, as applicable*  Neal	Client Suffix	
QUENT	Client Business Address* 4501 Ridge Oak Drive	Client Apartmer	nt or Suite Number
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount		
CLIENT	less than \$10,000	OR			
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. m				
* Indicatoo a naminad field					

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Neal (Shoal Creek Property) Limited Partnership			
QUENT	Client Business Address* 4501 Ridge Oak Drive	Client Apartment o	r Suite Number	
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	ТХ	78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	Property Owner			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Painter Enterprises, Inc.			
	Client Business Address*  3212 E. Cesar Chavez Street	Client Apartment of	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78702	
NATURE OF BUSINESS	Nature of Client's Business* Auto Parts			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*  Steve	N	/liddle
	Organization Name or Client Last Name, as applicable*  Greenberg	Client Suffix	
0.151.7	Client Business Address* 1522 South Congress	Client Apartment o	or Suite Number
CLIENT ADDRESS AND NATURE OF	Client City*	Client State*	Client Zip Code*
	Nature of Client's Business*	IX	78704
BUSINESS	Retail Sales		

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\Box$ I represented no clients and received no client reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
		l	
	720 Lamar Place, L.C.		
CLIENT	Client Business Address* P.O. Box 6110	Client Apartment or	
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78761
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Bouldin Creek Neighborhood Association			
01/51/5	Client Business Address* P.O. Box 3683	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78764	
NATURE OF	Nature of Client's Business*			
BUSINESS	Neighborhood Association			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  Eskew Place, Ltd.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  1101 S. Capital of Texas Hwy  Client City*  Austin  Nature of Client's Business*  Property Owner	Client Apartment or Suite A-101 Client State* TX	Client Zip Code*

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicates a required field				

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  Eureka Holdings		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  3001 Knox Street  Client City*  Dallas  Nature of Client's Business*  Developer	Client Apartment or Suite 400 Client State* TX	Client Zip Code*

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
one it is all individual				
	Forestar (USA) Real Estate Group, Inc.			
	Client Business Address*	Client Apartment or	Suite Number	
	6300 Bee Cave Road	Building Two, Suite	500	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	Developer			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  IMPACT Developers, LLC			
	Client Business Address* 6000 S. Congress Avenue	Client Apartment of Suite 101	r Suite Number	
CLIENT  ADDRESS  AND	Client City* Austin	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business*  Developer			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	mount is required
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Journeyman Austin Holdings, Inc.			
CLIENT	Client Business Address*  7701 N. Lamar Blvd.	Client Apartment or Suite 100	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78752	
NATURE OF	Nature of Client's Business*			
BUSINESS	Developer			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact comp for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in	·	
* Indicator a required field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Lost Creek Neighborhood Association			
	Client Business Address*  1305 Quaker Ridge	Client Apartment or Suite A	Suite Number	
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code* 78746	
NATURE OF BUSINESS	Nature of Client's Business*  Neighborhood Association			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill\Box$ I represented no clients and received no clien reporting period	t compensation d	luring the applicable
CLIENT NAME	Client Title Client First Name*  Daniel		Middle R.
	Organization Name or Client Last Name, as applicable*	Client Suffix	1
	Mitchell		
	Client Business Address*	Client Apartment	t or Suite Number
CHENT	2311 Lafayette		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	ТХ	78722
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	(\$)	Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name* Sohil	N	/liddle
	Organization Name or Client Last Name, as applicable*  Momin	Client Suffix	
0.151.7	Client Business Address*  2201 Real Catorce	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*		70740
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*	(\$) Exact Amo	unt
CLIENT COMPENSATION	less than \$10,000	OR	
CONFENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
	ii you fail to provide the above cheft of	inipensation mormation, provide your re	asun(s) (230 chai. max).

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*  MTG Management			
0.151.7	Client Business Address* P.O. Box 6110	Client Apartment o	r Suite Number	
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78761	
NATURE OF	NATURE OF Nature of Client's Business*			
BUSINESS	Commercial Real Property Management			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation into		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable* Pinnacle Real Estate & Management Company		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  3508 Far West Blvd.  Client City*  Austin  Nature of Client's Business*  Developer	Client Apartment of Suite 170 Client State* TX	Client Zip Code*

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
onent is an individual	organization Name of Cheft East Name, as applicable			
	Riverside Resources Investments, Ltd.			
	Client Business Address*	Client Apartment or	Suite Number	
	100 Congress Avenue	Suite 1450		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	Austin	TX		
AND	Austin	IX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable* SKV-Villas		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  111 Congress Avenue  Client City*  Austin  Nature of Client's Business*  Developer	Client Apartment of Suite G-190  Client State*  TX	Client Zip Code*

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Telvending Corp.			
QUENT	Client Business Address*  1617 Watchhill Road	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Austin  Nature of Client's Business*	TX	78703	
BUSINESS	Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  The Trail Foundation			
0.1517	Client Business Address* P.O. Box 5195	Client Apartment or	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78763	
NATURE OF	Nature of Client's Business*			
BUSINESS	Non-Profit Corporation			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Victory Medical Center			
0.1517	Client Business Address* 4303 Victory Center	Client Apartment of	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78704	
NATURE OF	Nature of Client's Business*			
BUSINESS	Medical Services			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\square$ I represented no clients and received no client reporting period	compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*  Marcus	M	liddle
	Organization Name or Client Last Name, as applicable*  Whitfield	Client Suffix	
	Client Business Address*  1101 S. Capital of Texas Hwy	Client Apartment of Suite A-101	or Suite Number
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Krug Development, Inc.			
CLIENT ADDRESS	Client Business Address*  4866 N. Clark Street  Client City*	Client Apartment or  Client State*	Client Zip Code*	
AND	Chicago	IL	60640	
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicates a required field				

Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	organization Nume of offent East Nume, as applicable			
	69 Grandview LP			
	Client Business Address*	Client Apartment of	r Suite Number	
	8300 North FM 620	Bldg. K.		
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78726	
AND				
NATURE OF	Nature of Client's Business*			
BUSINESS	Property Owner			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	1	(\$) Exact Amount
OLILIVI	less than \$10,000	OR	
COMPENSATION		-	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	1715 G, LLC		
	Client Business Address*  755 Grand Blvd., B-105	Client Apartment of Suite 236	r Suite Number
CLIENT ADDRESS	Client City*  Miramar Beach	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*	FL FL	32550
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	2208 Lake Austin, LLC			
CLIENT	Client Business Address*  2208 Lake Austin Blvd.  Client City*	Client Apartment of	r Suite Number  Client Zip Code*	
ADDRESS	Client City	Tilent state	Client zip code	
AND	Austin	TX	78703	
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):	
* Indicator a required field				

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  400 West 15th Street  Client City*  Austin  Nature of Client's Business*  Engineers	Client Apartment or Suite 500 Client State* TX	Suite Number  Client Zip Code*  78701	

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	APC thinkEAST Development, LLC			
CLIENT	Client Business Address*  2950 SW 27th Avenue  Client City*	Client Apartment of Suite 200  Client State*	Client Zip Code*	
ADDRESS	Miami	FL	33133	
AND	IVIIditii		33133	
NATURE OF	Nature of Client's Business*			
BUSINESS	Developer			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT COMPENSATION	less than \$10,000	OR		
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max		provide your reason(s) (250 char. max):	

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
onent is an individual	Atlantic Housing Foundation, Inc.			
	Client Business Address*  1310 N. White Chapel Blvd.	Client Apartment or Suite 100	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Southlake  Nature of Client's Business*	TX	76092	
BUSINESS	Developer			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
Guerra is an individual	Atlantic Pacific Communities, LLC		
0.1517	Client Business Address*  2950 SW 27th Avenue	Client Apartment of Suite 200	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND NATURE OF BUSINESS	Nature of Client's Business*	FL FL	33133
DUSINESS	Developer		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	Atlas Defense, LLC		
	Client Business Address*	Client Apartment of	or Suite Number
OLIENT	19500 Hwy 29		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Liberty Hill	TX	76092
NATURE OF	Nature of Client's Business*		
BUSINESS	Law Enforcement Training		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
	ATX Film & Television Studios, Inc.			
	Client Business Address*	Client Apartment or	Suite Number	
CLIENT	750 Battery Street	Suite 430		
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	San Francisco	CA	94111	
NATURE OF	Nature of Client's Business*			
BUSINESS	Equipment Rental			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable *		
onent is an individual	Organization Name of Cheft East Name, as applicable		
	Austin Renaissance, Ltd.		
	Client Business Address*	Client Apartment or	r Suite Number
	433 Camden Drive	Suite 1177	
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Beverly Hills	CA	90210
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
	AXF Development			
	Client Business Address*  3050 Aventura Blvd.	Client Apartment or 3rd Floor	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*	FL	33180	
BUSINESS	Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
chefit is all individual	Berns Commercial Properties			
QUENT	Client Business Address*  1515 Capital of Texas Hwy.	Client Apartment or Suite 412	Suite Number	
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business*  Real Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Bounce Marketing & Events			
	Client Business Address*  336 S. Congress Avenue	Client Apartment or Suite 512	Suite Number	
CLIENT	Client City*	011*	01	
ADDRESS	client city	Client State*	Client Zip Code*	
AND	Austin	TX	78704	
NATURE OF	Nature of Client's Business*			
BUSINESS	Event Company			
			,	

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Carollo Engineers			
CLIENT	Client Business Address* 3033 N. 44th Street	Client Apartment o Suite 101	r Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS	Phoenix	AZ	85018	
AND	Посни		65016	
NATURE OF	Nature of Client's Business*			
BUSINESS	Engineers			

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	CMST Development		
CLIENT	Client Business Address* 12007 Technology Blvd.	Client Apartment or	
ADDRESS	Client City*	Client State*	Client Zip Code *
AND	Austin	TX	78727
NATURE OF	Nature of Client's Business*		
BUSINESS	Developer		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Continental Cars, Inc.			
CLIENT	Client Business Address*  6757 Airport Blvd.	Client Apartment or	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78752	
NATURE OF	Nature of Client's Business*			
BUSINESS	Car Dealership			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact comp for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		·
* Indicator a required field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	T			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	D.R. Horton			
	Client Business Address*	Client Apartment or	r Suite Number	
	10700 Pecan Park Blvd.	4th Floor		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78750	
NATURE OF	Nature of Client's Business*			
BUSINESS	Home Builder			
			<u> </u>	

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
If you fail to provide the above Client Compensation information, provide your reason(s) (25			, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Falcon Southwest Development Company			
	Client Business Address*  7301 Burnet Road	Client Apartment of Suite 102-291	r Suite Number	
CLIENT  ADDRESS  AND	Client City* Austin	Client State*	Client Zip Code*  78757	
NATURE OF BUSINESS	Nature of Client's Business*  Real Estate Development			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
If you fail to provide the above Client Compensation information, provide your reason(s) (25			, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
	Fine Line Diversified Development			
	Client Business Address*  2001 Main Street	Client Apartment or Suite 700	Suite Number	
CLIENT ADDRESS AND	Client City* Ft. Worth	Client State*	Client Zip Code* 76102	
NATURE OF	Nature of Client's Business*			
BUSINESS	Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Foundation Communities, Inc.			
0115115	Client Business Address* 3036 S.1st Street	Client Apartment of Suite 200	r Suite Number	
CLIENT  ADDRESS  AND	Client City* Austin	Client State*	Client Zip Code*  78704	
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	, provide your reason(s) (250 char. max):		
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*  Anthony	N	/liddle
	Organization Name or Client Last Name, as applicable*  George	Client Suffix	
0.151.7	Client Business Address*  1204 Wild Basin Ledge	Client Apartment	or Suite Number
CLIENT ADDRESS AND NATURE OF	Client City* Austin	Client State*	Client Zip Code*
	Nature of Client's Business*	IX	78746
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount		
CLIENT	less than \$10,000	OR			
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char.				
* Indicatoo a naminad field					

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Griffin School, Inc.			
	Client Business Address*	Client Apartment or	r Suite Number	
CLIENT	5001 Evans Avenue			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78751	
NATURE OF	Nature of Client's Business*			
BUSINESS	Property Owner			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	_		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Grubb & Ellis Realty Investors, LLC		
	Client Business Address*	Client Apartment or	Suite Number
	4 Hutton Centre	Suite 700	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	South Coast Metro	CA	92707
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Property Owner		
		<u> </u>	

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field

Add Another Client Page



## Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation during the applicable
CLIENT NAME  Client is an individual	Client Title Client First Name*  Navid  Organization Name or Client Last Name, as applicable*  Hoomanrad	Middle  Client Suffix
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  P.O. Box 4903  Client City*  Austin  Nature of Client's Business*  Property Owner	Client Apartment or Suite Number  Client State * Client Zip Code *  TX 78765

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	T		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Insurance Auto Auctions, Inc.		
	Client Business Address*	Client Apartment or	Suite Number
	Two Westbrook Corporate Center	7 <u> </u>	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Westchester	IL	60154
NATURE OF	Nature of Client's Business*		
BUSINESS	Auto Salvage		
		<u> </u>	<u> </u>

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	LDG Norwood, L.P.		
	Client Business Address*  502 E. Highland Mall Blvd.	Client Apartment of Suite 106-B	r Suite Number
CLIENT  ADDRESS  AND	Client City* Austin	Client State*	Client Zip Code* 78752
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

I represented no clients and received no client compensation during the applicable reporting period		
Organization Name or Client Last Name, as applicable*		
	l	
LDG Development, LLC		
	l	
Client Business Address*	Client Apartment or	r Suite Number
1305 E. 6th Street	Suite #13	
au . au *		
Client City	Client State "	Client Zip Code*
Austin	TX	78702
Nature of Client's Business*		
Developer		
Developer		
	Organization Name or Client Last Name, as applicable*  LDG Development, LLC  Client Business Address*  1305 E. 6th Street  Client City*	Organization Name or Client Last Name, as applicable*  LDG Development, LLC  Client Business Address*  Client Apartment of Suite #13  Client City*  Client State*  Austin  Nature of Client's Business*

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*  Andra	N	<i>f</i> liddle
⊠ Client is an individual	Organization Name or Client Last Name, as applicable*  Liemandt	Client Suffix	
0.151.7	Client Business Address* 801 W. 5th Street	Client Apartment	or Suite Number
CLIENT ADDRESS	Client City* Austin	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*	J	
BUSINESS	Real Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME ⊠ Client is an individual	Client Title Client First Name*  Joseph  Organization Name or Client Last Name, as applicable*	Client Suffix	/liddle
	Liemandt		
CLIENT	Client Business Address*  801 W. 5th Street	Client Apartment o	or Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	ТХ	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	n, provide your reason(s) (250 char. max):		
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Mariposa Real Estate, LLC		
CLIENT	Client Business Address*  7809 Brodie Lane	Client Apartment or	r Suite Number
	Client City*	Client State*	Client Zip Code*
ADDRESS	Austin	TX	78749
AND	rustiii		10747
NATURE OF	Nature of Client's Business*		
BUSINESS	Montessori School		
			· · · · · · · · · · · · · · · · · · ·

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	n, provide your reason(s) (250 char. max):		
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	McAdams Enterprises, LLC		
	Client Business Address*  4511 Avenue D	Client Apartment o	or Suite Number
CLIENT	4511 Avenue D		
ADDRESS	Client City*	Client State*	Client Zip Code *
AND	Austin	TX	78751
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
If you fail to provide the above Client Compensation information, pro			, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Mill Creek Residential Trust			
CLIENT	Client Business Address*  2001 Bryan Street	Client Apartment or Suite 3275	r Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS	Dallas	TX	75201	
AND	Dallas		75201	
NATURE OF	Nature of Client's Business*			
BUSINESS	Developer			

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact comp	oncation	amount is required
	for compensation totaling \$500,000 or more.	ensation	amount is required
			() (050 )
	If you fail to provide the above Client Compensation i	nformation	n, provide your reason(s) (250 char. max):
* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

\* Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client reporting period	compensation du	ıring the applicable
CLIENT NAME  Client is an individual	Client Title Client First Name*  Lampros  Organization Name or Client Last Name, as applicable*	Client Suffix	<b>Middle</b>
	Moumouris		
	Client Business Address* 8315 Lime Creek Road	Client Apartment	or Suite Number
CLIENT ADDRESS AND	Client City*  Leander	Client State*	Client Zip Code*  78641
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
If you fail to provide the above Client Compensation information, pro			, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	_			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	The NRP Group			
	Client Business Address*	Client Apartment or	· Suite Number	
		¬	oute rumber	
	200 Concord Plaza	Suite 900		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	San Antonio	TX	78216	
NATURE OF	Nature of Client's Business*			
BUSINESS	Developer			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



## Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	NYOS Charter School		
CLIENT ADDRESS	Client Business Address*  12301 N. Lamar Blvd.  Client City*	Client Apartment or  Client State*	Client Zip Code*
AND	Austin	TX	78753
NATURE OF BUSINESS	Nature of Client's Business*  Charter School		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  Oxford Alliance Investments, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  2700 Via Fortuna  Client City*  Austin  Nature of Client's Business*  Land Development Company	Client Apartment or Bldg. II, Suite 100 Client State* TX	Suite Number  Client Zip Code*  78746

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
one it is all individual			
	Prevarian Hospital Partners		
	Client Business Address*	Client Apartment or	Suite Number
	5949 Sherry Lane	Suite 835	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Dallas	TX	75225
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact comp for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		·
* Indicator a required field			

Indicates a required field

Add Another Client Page



## Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\Box$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Radec Management, Inc.		
	Client Business Address*	Client Apartment or	Suite Number
OUENT	P.O. Box 29837		
CLIENT	011 1 011 X		*
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78735
AND			
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Management		
	1, 1, 1, 1, 2, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		

## Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION  Per City Code Section 4-8-6(A)(j), the exact compensation for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information		x.	
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\Box$ I represented no clients and received no clien reporting period	t compensation during the applicable
CLIENT NAME	Client Title Client First Name*  Wayne	Middle
	Organization Name or Client Last Name, as applicable*	Client Suffix
	Reaud	
	Client Business Address*	Client Apartment or Suite Number
CHENT	801 Laurel Street	
CLIENT		
ADDRESS	Client City*	Client State* Client Zip Code*
ADDRESS AND	Client City*  Beaumont	Client State* Client Zip Code*  TX 77701
		·
AND	Beaumont	·

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  Sandstone Ventures, LLC		
0.151.5	Client Business Address*  148 Cibolo Ridge Trail	Client Apartment of	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Boerne	ТХ	78015
NATURE OF	Nature of Client's Business*		
BUSINESS	Developer		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	South River City Citizens Association		
	Client Business Address*  1719 Deerfield Drive	Client Apartment or	Suite Number
CLIENT	Client City*		Oliont 7in Ondo*
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78741
NATURE OF	Nature of Client's Business*		
BUSINESS	Neighborhood Association		
			,

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  Texas Capital Bank		
	Client Business Address*  114 West 7th Street	Client Apartment of Suite 300	r Suite Number
CLIENT  ADDRESS  AND	Client City* Austin	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business*  Banking Association		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
one it is all individual	organization Name of official East Name, as applicable		
	Terrace at Walnut Creek,. Ltd.		
	Client Business Address*	Client Apartment or	Suite Number
	700 Lavaca	Suite 1560	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Developer		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
Organization Name or Client Last Name as applicable*		
organization reality of official zast reality as applicable		
The Parke at Travis Country COA		
Client Business Address*  c/o Alliance Assoc. Management, 115 Wild Basin Rd  Client City*  Austin  Nature of Client's Business*  Condominium Owners Association	Client Apartment or Suite 308 Client State* TX	Client Zip Code*
	Organization Name or Client Last Name, as applicable*  The Parke at Travis Country COA  Client Business Address*  c/o Alliance Assoc. Management, 115 Wild Basin Rd  Client City*  Austin  Nature of Client's Business*	Organization Name or Client Last Name, as applicable*  The Parke at Travis Country COA  Client Business Address*  C/o Alliance Assoc. Management, 115 Wild Basin Rd  Client City*  Client State*  Austin  Nature of Client's Business*

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable *  Travis Hotel Group, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  2711 N. Haskell  Client City*  Dallas  Nature of Client's Business*  Developer	Client Apartment of 28th Floor  Client State *  TX	Client Zip Code*

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	1	(\$) Exact Amount
OLILIVI	less than \$10,000	OR	
COMPENSATION		-	
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	mount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	nformation,	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *		
	Trilogy Enterprises, Inc.		
CLIENT	Client Business Address*  6011 W. Courtyard Drive  Client City*	Client Apartment or  Client State*	Suite Number  Client Zip Code*
ADDRESS AND NATURE OF	Austin  Nature of Client's Business*	TX	78730
BUSINESS	Property Owner		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

I represented no clients and received no client compensation during the applicable reporting period		
Organization Name or Client Last Name, as applicable *		
Versa Development		
Client Business Address*	Client Apartment or	r Suite Number
4733 College Park	Suite 200	
Cu *		
Client City"	Client State ^	Client Zip Code*
San Antonio	TX	78249
Nature of Client's Business*		
Property Owner		
	Organization Name or Client Last Name, as applicable*  Versa Development  Client Business Address*  4733 College Park  Client City*  San Antonio  Nature of Client's Business*	Organization Name or Client Last Name, as applicable*  Versa Development  Client Business Address*  Client Apartment of Suite 200  Client City*  Client State*  San Antonio  Nature of Client's Business*

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 cf		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	Villas of Town Lake		
		I	
	Client Business Address*	Client Apartment of	or Suite Number
	80 Red River Street		
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	ТХ	78701
NATURE OF	Nature of Client's Business*		
DUCINITOS			
BUSINESS	Homeowners Association		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  Zilker Park Residences Partners, L.P.		
0.1517	Client Business Address* P.O. Box 684707	Client Apartment of	r Suite Number
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78768
NATURE OF	Nature of Client's Business*		
BUSINESS	Land Development Company		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	ΟP	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is req for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*  David	N	/liddle
	Organization Name or Client Last Name, as applicable*  Beseda	Client Suffix	
0.151.7	Client Business Address*  2310 Portofino Drive	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*		[18746
BUSINESS	Property Owner		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	(\$)	Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION  Per City Code Section 4-8-6(A)(j), the exact compensation amount for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide	•		

\* Indicates a required field

Add Another Client Page



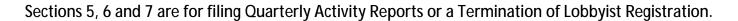
# Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT		yed or retained no employees dur	ing the applicable	reporting period
PERSON	Title	First Name*		Middle
EMPLOYED OR	Last Name *		Suffix	
RETAINED	Employer*		Occupation*	
BUSINESS ADDRESS	Business Addre	ess*	Apartment of State*	or Suite Number  Zip Code*
MAYOR/COUNCIL RELATIVE OR	Council Mer	n identified above related (within the mber, or a member of their househole the nature of their employment *re	d, as defined in City	Code Section 4-8-6(A)(5)?
HOUSEHOLD MEMBER	First Name of I	Mayor/Council Member	Last Name of Mayo	or/Council Member

\* Indicates a required field



If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



### Section 5: Statement of No Activity

#### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

# No Activity Confirmation ☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



# Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
EXPENDITURE	(\$) Entertainment	\$0.00
TOTALS	(\$) Awards and Mementos	\$0.00
(Blank values	(\$) Honorariums	\$0.00
will be interpreted as \$0)	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00

# Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME	Organization Name or Payee Last Name, as applicable*		
AND			
BUSINESS INTEREST	This payee is a business or business in	nterest of a City Official	
	If yes, First Name of City Official	Last Name of City	Official
Payee is an individual			
	Department of City Official	Job Title of City Of	fficial
2.005	Payee Address/ PO Box*	Payee Apartr	nent or Suite Number
PAYEE			
ADDRESS	Payee City*	Payee State	Payee Zip Code*
	(\$) Expenditure Amount * Expendit	ure Date <sup>*</sup> Category <sup>*</sup>	
EXPENDITURE			
DETAILS	Durmana of the Funanditure*		
	Purpose of the Expenditure*		
Identify each City Official w	ho benefitted from or who may	have been influenced by the	expenditure, if applicable
City Official First Name	City Official Last Name	Department	Job Title



### Section 8: Declaration and Electronic Submission

#### **DECLARATION**

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Nike <b>ll</b> e S. Meade	1/22/2018
Typed Name	Report Date*

#### **Electronic Submission and Signature**

I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.